

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)				Application Number 10/529,440		Filing Date 25 March, 2005		<input type="checkbox"/> To be Mailed					
				Applicant(s) YOSHIDA, KENJI						Page 1 of 1			
* May be used for additional claims or amendments													
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 10/25/2010		AFTER SEC. AMENDMENT		*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1		1				51				1			
2			1			52				4			
3			2			53							
4			2			54							
5		1				55							
6		---	---			56							
7		---	---			57							
8		---	---			58							
9		---	---			59							
10		---	---			60							
11		---	---			61							
12		1				62							
13		1				63							
14			1			64							
15			2			65							
16			2			66							
17			2			67							
18			2			68							
19			2			69							
20			2			70							
21			2			71							
22		1				72							
23		1				73							
24		1				74							
25		1				75							
26		1				76							
27		1				77							
28		1				78							
29		1				79							
30		1				80							
31		1				81							
32		1				82							
33		1				83							
34		1				84							
35		---	---			85							
36		---	---			86							
37		---	---			87							
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41		---	---			91							
42		---	---			92							
43		---	---			93							
44		---	---			94							
45		---	---			95							
46		---	---			96							
47		1				97							
48		1				98							
49		1				99							
50		1				100							
Total Indep						Total Indep			8				
Total Depend						Total Depend			38				
Total Claims						Total Claims			46				

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